

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 375)**

**SERIAL N.** **FILING DATE**

APPLE (CANTON)

C-1937596

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	12		12			
TOTAL DEP.	11	1	6	1		1
TOTAL CLAIMS	3		8			

IMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						